DOC Directives
Health Services Quick Reference

Abbreviations:

Action Codes:
D= Document in the medical record
N= Notify
R= Respond
F= Complete Form
O= Order

"Who"
MHP = Mental Health Practitioner (AKA MHP)
HCP = Health Care Practitioner (AKA HCP)
Sup = DOC Facility Superintendent
SS = DOC Shift Supervisor
BO = DOC Booking Officer
HO = DOC Hearing Officer
CO = DOC Correctional Officer
Psy = Psychiatrist
MD = Medical Doctor
HSA = Health Services Administrator
CW = DOC Caseworker
MHTT = Mental Health Treatment Team
HSD = Health Services Director
All = All DOC staff AND All Health Services staff
MPL = Master Problem List
MR = Medical Record
TL = Time limit
IRS = Initial Receiving Screening

DOC Directive
#361.01.10: Mental Health Rounds in Segregation

Purpose: MHP will conduct regular MH rounds for all segregation. Primary purpose is to monitor response to segregation and to identify and refer SFI for appropriate treatment, intervention or removal and needed. (NCCHC I-01)

Who	Does What	
	Code	Snapshot
Inmates Receiving Mental Health Treatment or Service		
MHP	D	If segregation is deemed contraindicated clinically appropriate action will be taken. MHP to discuss contraindications with custody
MD	D	Within 24 hours of placement into segregation status are evaluated by primary care clinician to give mental health update and treatment plan review
MHP	D/F	Within the first 72 hours of being placed on segregation status, inmates not currently receiving mental health services will be screened by a mental health professional. This will be documented in the medical chart noting mental status and observed and anticipated mental health needs if any. Form: Segregation Suicide Risk Screening, #1
MHP	D	Every 30 days, evaluation of mental health status occurs
Mental Health Rounds		
MHP	F	Weekly rounds shall occur in all segregation units. MHP Will make brief verbal contact with all inmates and speak to security staff about any problematic behavior. Form: 1x MH Weekly Segregation Rounds, #2
MHP	F	Inmates found to be in need of mental health attention shall receive assessment and treatment, no later than 48 hours of identification. Form: MH Assessment
MHP	D	All segregation inmates are told that they can access mental health services if they want.
Medical Pre-Seg check & Rounds		
HCP	D / F	All inmates entering Seg must be screened by nurse prior to or within 2 hours of placement. Form: Pre-Segregation Health Evaluation, #3a & 3b
HCP	D / F	Daily HCP rounds shall occur in all segregation units. HCP will make brief verbal contact with all inmates and speak to security staff about any problematic behavior and complete brief assessment. Form: Segregation Inmate Daily Assessment Form, #4
HCP	F	Inmates found to be in need of medical or mental health attention shall receive assessment and the appropriate staff notified. Form: HCP Assessment
MHP / HCP	D	All segregation inmates are told that they can access mental health services if they want.

DOC Directives
#361.01.11- Disciplinary Procedures for Inmates with Serious Mental Illness & 370- Classification, Treatment and the Use of Administrative and Disciplinary Segregation for Inmates with a Serious Mental Illness

(NCCHC: I-01)

Who	Does What	
	Code	Snapshot
Admission		
HCP / MHP	F	1. Any newly admitted inmate shall be screened by a qualified health care professional who is trained in mental health screening within 2 hours of admission. MH must be notified of inmates with known Mental illness SFI. Form:IRS Screening & MH referral
MD	D	2. If a physician orders an inmate with a serious mental illness be placed in segregated housing (due to medical need), he/she will document the level of monitoring needed by qualified health and mental heath care professionals
Mental Health Services		
MHP/ Psy	F	3. Every inmate with a serious mental illness shall be seen on a regular basis for mental health services and shall have a treatment plan that creates a specific set of goals and the means by which the goals will be accomplished. Form: MH Treatment Plan
Classification		
CW MHP	F & C D	4. When writing a case plan for an inmate with serious mental illness, the caseworker must consult with qualified mental health professionals for input into the case plan. Form: DOC case plan
MHP CW	D F	5. The MHP will advise whether the individual will require accommodations to successfully complete required programs, or requires further assessment to determine the accommodations, if any. Form: ADA Accomodations
MHP CO	F F	6. Inmates with serious mental illness will not be classified for out-of-state placement, unless the out-of-state placement is a program capable of assessing, treating, and managing persons with serious mental illness and the inmate is stable. Form: HS OOS Transfer Form
Placement of SMI Inmates in Disciplinary Segregation		
HO MHP	F & C F	7. Inmates with serious mental illness may be placed in disciplinary segregation only after due process and assessment by a MHP to determine whether contraindications to segregation exist, and upon approval of a physician. Forms: DOC Hearing Report, HS Master Problem List

HO MHP	C & F D	8. If contraindications exist, the MHP will recommend alternative to segregation. All alternative options shall be considered prior to placing an inmate with serious mental illness in segregation. Forms: DOC Hearing Report
HO MHP	D D	9. The consideration of alternatives must be documented.
HO MHP	C & F D	10. If the behavior for which the inmate received the disciplinary report proximately results from serious mental illness, the MHP shall inform and recommend options for disposition to the Hearing Officer who at his or her discretion, may recommend a dismissal of the disciplinary charge and/or alternative disposition, based on the information received.
HO Psy	C & D D	11. If the hearing officer disagrees with the recommendation of the MHP, she/he will request a second opinion from the facility psychiatrist or advanced practice HCPrse.
All	D	12. Under no circumstances may an inmate be placed on disciplinary segregation or receive disciplinary report for self-injurious behavior.
Sup MHP	D D/TL	13. No inmate with serious mental illness shall be kept in segregation continuously for more than fifteen (15) days.

Placement of SMI Inmates in Administrative Segregation		
HO MHP	F F	14. Inmates with serious mental illness may be placed in administrative segregation only after due process and assessment by a MHP and upon approval of MD or Psy. Forms: DOC Hearing Report; MH Risk Assessment (or/develop)*
Sup	D	15. The superintendent shall make reasonable efforts to accommodate the behavioral and mental health needs of the inmates in a setting other than segregation, consistent with safety and security of the institution.
MHTT Psy	D D	16. The reasons for which the inmate is placed in administrative segregation must be reviewed by the mental health treatment team and the supervising psychiatrist must concur with this decision.
MHP	F	17. The treatment plan of each inmate in administrative segregation shall include release from segregation as a specific goal and shall include the means by which that goal may be accomplished. Form: HS Treatment Plan

Mental Health Rounds for SMI in Segregation Units		
HCP/ MHP	F	18. Inmates with serious mental illness shall receive daily visits from HCP or MHP. These assessments shall document physical observations, the inmate's affect, any suicidal or self-harming ideation, and health complaints. Form: Self Harming and SFI Daily Segregation Assessment Form, #5
HCP MHP	D F	19. The needs of inmates who are experiencing a current, severe psychiatric crisis shall be addressed promptly, consistent with the inmate's willingness to accept treatment. Form: MH Risk Assessment

MHP	F	20. MHP shall conduct regular mental health rounds on all inmates with serious mental illness at least three (3) times a week and will document visits and their findings in the health record. Form: MH 3x Weekly Segregation Rounds, #6

Restraints for SMI		
HCP/ MHP	F	21. Any inmate who remains in restraint beyond the initial emergency AND who has a serious mental illness must have an immediate face-to-face assessment by health care personnel. Form: HS Use of Force/Restraint Chair, #7
HCP/ MHP Psy	F & N O	22. They (health care professional) must then notify the psychiatrist on-call and obtain and document order for the restraints to be continued. Form: HS Use of Force*
CO HCP	C F	26. Medical review shall occur immediately following the use of foreign agents. Form: HS Use of Force*; document in med records
CO MHP	C F	27. When a calculated use of force is necessary for an inmate who has a serious mental illness, DOC staff will consult with a qualified mental health professional to determine if any contraindications exist prior to use. Form: HS Use of Force*
HCP/ MHP MD/ Psy	F & C O & F	28. After two hours, a repeat face-to-face assessment shall be conducted by a member of the health or mental health personnel, the results of which shall be communicated to the physician or the psychiatrist who gave the initial order, who may renew the order by telephone for an additional two hours. Form: HS Use of Force*
Psy	F&D Med rec	29. This length of time is to be avoided- call MH at 4 hours or sooner After eight hours, the inmate must be seen face to face by the psychiatrist or advanced practice HCPrse. Form: HS Use of Force*
MD/ Psy DOC HSD	F	30. If restrained for more than twelve hours, the medical directors for medical and mental health and the DOC Health Services Director or their designee must be notified and alternative interventions proposed, including the secure care mental health unit. Form: HS Use of Force*

Concurrent Disabilities		
MHP DOC	F	31. If the MHP has reason to believe an inmate is unable to comply with behavioral requirements due to a concurrent condition or complication, the treatment plan will include accommodations to minimize confusion and allow alternative approaches to gaining the inmate's cooperation. Form: HS Treatment Plan and custody behavioral plan

DOC Directives
362, Suicide Prevention
361.01.13 Safety Smock Protocol

(NCCHC: G-05)

Who	Does What	
	Code	Snapshot
1. Booking and Admission		
DOC/ HCP	F	d. If any of the following occur, the Booking Officer (BO) will immediately notify the SS and HCP and the inmate will be immediately placed on q15 minute observations Form: Observation/ Segregation Rounds:
DOC/ HCP/MHP	F	1. If IM scores 8 or above on the INS, an individual safety plan must also be developed. This plan must include: level of observation and restraint, Housing, frequency and duration of follow-up by mental health staff, any necessary property restrictions. Form: Individual Safety Plan
DOC/ HCP	D	2. When INS cannot be completed due to any reason (noncompliance, severe intoxification / incapacitation or IM violence/ belligerence). CO will complete sections that can be completed and will note why the IM did not answer questions. CO will notify SS and QHP immediately.
DOC/HCP	D / F	3. IM is intoxicated. HCP will initiate CIWA immediately. Form: CIWA
DOC/ HCP/MHP	F	4. IM presents as high risk for self harm or scores high on the mental health screening. The individual safety plan must also be developed. This plan must include: level of observation and restraint, Housing, frequency and duration of follow-up by mental health staff, any necessary property restrictions. Form: MH Risk Assessment & Individual Safety Plan
DOC/ HCP/MHP	D	5. If worrisome behaviors or actions are presented or the BO or any staff have concern for the inmate's safety.
		e. The CO notifies Health Professional when INS is complete. HCP obtains IRS within 2 hours notifies MD
HCP	F	1. HCP reviews transfer form for completion, accuracy and signature from sending HCP, and signs
HCP	F	2. After reviewing transfer HCP determines if IM has any MH or medical concerns from previous facilities and will enter this information onto the Medical Intake Screening form. Health Screening Form
HCP	D	g. HCP completes the medical screening and notifies the MD of any concerns and any medications withing two hours of completing the screening.
HCP	F	HCP will have IM identify providers/organizations that s/he has been seen by in the past, including both medical and mental health. This includes treatment facilities, DOC, community doctors, psychiatric facilities, mental health clinicians, VA, etc.. HCP will have IM sign ROI's for each and then s/he will fax/mail to all. Forms: Medical Intake form, ROI, Shift Communication form (for follow up)

HSA	D	h. The HSA and MHP will review and sign all INSs and Initial Receiving Screens for accuracy and completeness on or before the next business day.
2. Post-Admission Identification of Inmates at Risk		
ALL		a. Any staff who hears an inmate verbalizing a desire or intent to commit suicide, observes an inmate making an attempt or suicidal gesture, OR observes an inmate displaying any concerning and/or unusual behavior that justifies more frequent observation by correctional staff, will
ALL		implement suicide precautions
ALL		notify the Shift Supervisor.
SS/ HCP	D	c. The Shift Supervisor or designee will consult with a qualified health care professional and confirm that the inmate's immediate safety needs have been addressed. HCP notifies MHP. Documents in MR
		d. Special Housing
MHP	F/D	Given the strong association between inmate suicide and special management housing (e.g., restrictive housing, protective custody, disciplinary confinement, administrative segregation, etc.,) a qualified mental health professional will assess for suicide risk, in writing, any inmate placed in such a special housing unit as soon as possible (but no later than the next business day) following the inmate's placement into the unit. The assessment should determine whether existing mental illness and/or suicidal behavior contraindicate the placement. A qualified mental health professional will develop a safety plan as outlined in 1. h. above.
3. Evaluation and Treatment		
MHP	F	a. For any inmate identified as at risk, a qualified mental health professional must complete an on-site suicide evaluation within the time frame determined by the health services triage, but no later than the next business day. The MHP must write a suicide risk evaluation at the time of the inmate evaluation and must include, but not be limited to: A description of the antecedent events and precipitating factors; Risk factors, including prior placement on suicide precautions while in DOC custody in the past; A mental status exam; The inmate's level of suicide risk. (T/L) Form: MH Risk Assessment
MHP	F	b. The evaluation must also identify the elements of the individualized safety plan, to include, but not be limited to: Level of observation and/or restraints; Housing, including possible need for transfer to another unit, correctional facility or mental health facility; Any necessary property restrictions; Treatment plan, including frequency and duration of follow-up by a mental health professional. Form: MH Risk Assessment
MHP	D	d. Qualified mental health professionals will provide mental health treatment to inmates with suicidal ideation or behaviors. These services may be augmented by a variety of supportive activities and supports.
MHP /DOC	D	f. Qualified health care professionals and correctional staff will consistently document, as indicated in this directive, mental health evaluations, safety plans and suicide observation activities.

4. Housing		
ALL	D	a. Inmates who have attempted suicide recently, or who are assessed as being at significant risk for suicidal behavior, will not be housed in segregation units or other isolated settings, consistent with security practices and departmental policy on the use of administrative and disciplinary segregation for mentally ill inmates.
MH/ HCP	F/D	e. A qualified mental health professional will make rounds of the special housing unit at least three (3) times per week and, at a minimum, visually observe each inmate confined in the unit. Documentation of the rounds will be made in the Segregation/Close Custody Rounds Log, with any significant findings documented in the inmate's health care record. Form: MH 3x Weekly Segregation Rounds, #6
5. Monitoring		
SS/ MHP / HCP	F	a. An inmate who is at any risk of self harm may be placed on one of the three levels of observation. This should be decided on as part of the inmate's safety plan developed by the SS and a MHP/HCP. Form: MH Individual Safety Plan
SS/ MHP / HCP	F	1. Routine Observation: Suicidal Ideation without a Plan. Inmates who acknowledge some degree of suicidal ideation, but deny any intent or plan and are deemed unlikely by qualified health care or mental health professionals to self-injure, will be on routine observation.
SS/ MHP / HCP	F	• Inmates under routine observation may remain in general population.
SS/ MHP / HCP	F	• Staff will give instructions to inmates under routine observation on how to access services on short notice if their suicidal ideation worsens.
SS/ MHP / HCP	F	2. Close Observation: Inmates who are not actively suicidal, but express suicidal ideation and/or have a recent prior history of self-destructive behavior, shall be placed on close observation.
SS/ MHP / HCP	F	• Inmates on close observation will be housed, to the extent possible, in the general population, a mental health unit or a medical unit, located in rooms or cells proximate to staff.
SS/ MHP / HCP	F	• Correctional staff will observe inmates on close observation at staggered intervals not to exceed every 15 minutes.
SS/ MHP / HCP	F	• Correctional staff will record documentation of the inmate's behavior and general condition when the observation occurs, on the Special Observation Monitoring Sheet.
SS/ MHP / HCP	F	3. Constant Observation: Inmates who are actively suicidal or self-harming, either threatening or engaging in suicidal behavior, will be placed on constant observation.
SS/ MHP / HCP	F	• Inmates on constant observation may require placement in the infirmary, mental health unit or specialized housing as determined by the psychiatrist or advanced practice nurse.

SS/ MHP / HCP	F	• Inmates on constant observation may require removal of certain clothing items, use of paper gowns, and/or other safety measures.
MHP	F	d. A HCP/MHP will assess the inmate daily to determine if a change in suicide precaution status is needed. Any changes in status will be based on the assessment of the inmate's behavior. Forms: MH Risk Assessment (MHP) or Self Harm/SFI Daily Segregation Assessment form (CHP), #5
SS/MHP	F	e. The Shift Supervisor or designee, in consultation with clinical staff, may raise the observation level of an inmate, if circumstances warrant. Form: MH Risk Assessment
MHP	F	f. Only a qualified mental health professional may lower the level or discontinue special observation status. Form: MH Risk Assessment
MHP	F	k. In order to ensure the continuity of care for suicidal inmates, all inmates discharged from suicide precautions will remain on the mental health roster and receive regularly scheduled follow-up assessment by mental health personnel until their release from incarceration. Unless their individual treatment plan directs otherwise, the reassessment schedule shall be as follows: Form: Individual Treatment Plan
MHP	F	• daily for five (5) days,
MHP	F	• once (1) a week for two (2) weeks, and then
MHP	F	• once (1) every month until release from incarceration.
6. Restraints		
ALL		1. The use of restraints will be avoided for suicidal inmates.
ALL		2. If other less restrictive methods of promoting the inmate's safety have been found inadequate, the use of restraints must follow the procedures outlined in the Department's administrative directive on the use of restraints.
7. Communication		
ALL		a. There will be both verbal and written communication among staff when an inmate is assessed as suicidal. The inmate safety plan will specify key participants in the inmate's management, and their specific roles.
DOC/ HCP		e. Should an inmate be returned to the facility following temporary transfer to the hospital or other facility for assessment and/or treatment of self-injurious behavior, the Shift Supervisor will inquire of the qualified health care and/or mental health professionals what further prevention measures, if any, are recommended for housing and supervising the returning inmate.
ALL	F	g. Multidisciplinary treatment team meetings (to include facility officials, medical, mental health, and caseworker personnel) will occur on a weekly basis to discuss the status of inmates on suicide precautions and mental health observation. Form: MH Treatment Team minutes form
HCP / MHP	F / D	h. Behavior indicative of suicidal risk will be documented in casework and medical records, and be included in case plans and treatment plans. Documentation in the medical record must include, but need not be limited to: Forms: MH Risk Assessment, MPL, progress notes

		o history of suicidal attempts
		o verbal statements suggesting risk
		o physical signs of self-injury
		o actual suicidal attempts
		o Monitoring of suicidal inmates.
DOC/ MHP	F / D	o Medical personnel will be responsible for completing an assessment of all instances of self-injurious behavior and inform the Shift Supervisors whether or not an incident of self-injury constitutes a suicide attempt, as well as the seriousness and lethality of that attempt. Form: MH RIsk Assessment,
8. Suicide Attempt Intervention		
ALL	D	a. Any correctional staff member who discovers an inmate engaging in suicidal behavior will immediately alert other staff to call for a qualified health care professional, and initiate whatever action the situation demands to prevent further injury, including CPR and first aid.
9. Completed Suicides		
Sup/ MHP	D	4. The qualified health care professional and the Superintendent will ensure that all staff and inmates affected by serious or completed suicide attempts are provided with crisis intervention services. This may include the use of grief counselors, mental health personnel or other designated personnel who may be of assistance.

DOC Directive
#410.03 Placement on Administrative Segregation Status

(NCCHC: I-01)

Who	Does What	
	Code	Snapshot
1. Reasons for Placement on Administrative Segregation Status		
MD	O	An inmate may be confined on Administrative Segregation status upon the order of a physician or equivalent provider (Advanced Practice Nurse, Nurse Practitioner or Physician Assistant).
2. Placement Process for Administrative Segregation Status		
HS	D	a. When an event occurs, prior to/upon placement of inmate into administrative segregation status, health services is contacted to check for medical and mental heath contraindicators.
		b. An inmate shall not be placed on Administrative Segregation beyond four (4) business days without a hearing. Day one is the first full business day after placement.
MD	D	c. If the inmate has a serious mental illness, they cannot be placed on Administrative Segregation unless a physician ensures that no contraindications exist and approves the placement.
3. Administrative Segregation Hearing Process		
		The Hearing Officer shall designate a staff member to be the Presenting Officer. It is the Presenting Officer's duty to present facts relevant to the rationale for placement on Administrative Segregation.
MHP	D	a. If the inmate has any mental health issues, the presenting officer must meet with a Mental Health Professional to get his or her recommendation for the most appropriate action to take.
MD	D	b. Of presenting officer or hearing officer does not agree with the recommendation of the MHP, they must consult with a MH or Psy
6. Review of Inmates Placed on Administrative Segregation Status		
HCP	D	a. If a physician orders an inmate with a serious mental illness to be placed on Administrative Segregation, qualified health care and mental health professionals shall closely monitor the inmate, They will provide the inmate with ongoing assessment and treatment as clinically indicated and in accordance with directives and rule on suicide prevention and placement of inmates with a serious mental illness on Administrative Segregation (#362 Suicide Prevention & Intervention in Facilities, #370 Classification, Treatment and Use of Administrative and Disciplinary Segregation for Inmates with a Serious Mental Illness and #413.11 Responses to Self-Harm).
HCP	D	b. Suicide prevention strategies and protocols will be carefully followed for all inmates placed on Administrative Segregation.

MHP	D	Any request for an extension of Administrative Segregation status should include with it:
MHP	D	A mental health treatment plan signed and dated;
MHP	D	Summary of mental health activities/level of involvement during the previous 60 days;
MHP	D	A mental health behavioral plan signed and dated;
MHP	D	Copy of the mental health staff rounds log;
7. Release from Administrative Segregation		
MH	D	a. One condition when a release from Administrative Segregation status may be authorized is upon approval of the physician who authorized placement.

Use of Restraints- Quick Reference;
Roles of Health Care Professionals in Facilities
DOC Directives
413.1, Use of Restraint Chair
413.08, Use of Restraints
413.01, Use of Force / Restraint Chair

Policy- Restraints applied emergently in the correctional setting are done so for the purpose of preventing violence, injury to others, property or self when behaviors are not controllable by less intrusive measures. They are used as a *last not first resort* and are *not to be used for punishment*.

(NCCHC I-01)

Who	Does What	
	Code	Snapshot
1. Authorization for use by:		
All	D	Superintendent or designee; psychiatrist; physician; or HCP or MHP and
All	D	1. authorization must always be in conjunction with a HCP
2. Contraindicators		
	Medical	
HCP	D N	Prior to the use of force, a HCP shall review the medical file of any inmate(s) involved to determine if there are any medical contraindications to physical force or OC being used and will ensure that security is aware of any contraindicators immediately.
	Mental Health	
MHP/HCP	D	MHP or, HCP If MHP not available, shall review the medical chart, including the mental health record, of any inmate involved to determine if any alternative intervention may be used to avoid the use of force. The MHP/HCP shall also be consulted regarding the type of force that is contemplated to determine what contraindications may exist to the use of force. A qualified mental health professional shall be contacted by phone as necessary to provide consultation.
3. Chemical Agent		
HCP	D	a. Except in an emergency situation, a qualified health care professional shall be consulted prior to staff using chemical agents to determine that there are no contraindications to it's use on the inmate
HCP	D	The use of a chemical agent on an inmate constitutes a use of force and requires that the inmate be seen by a HCP immediately after decontamination
	SMI	
H/MHP	D/N	2. Restraints for individual with SFI may only be authorized after a MHP; psychiatrist or MD agrees there are no medical or mental health contraindicators to its use..
4. Conditions		
	Advisory- The restraint chair is not to be used as a form of punishment	

		Conditions for use- as per policy statement and:
HCP	D	1. upon recommendation by psychiatrist, physician or HCP/QHMP
	D	2. upon request by inmate to avoid acting on self-injurious behavior
	D	3. as a means of moving combative inmates safely in the facility
5. Placement into Restraints		
		Emergency restraints should be used only as a last resort by correctional or medical authority.
DOC	N	Custody - notification of medical is mandatory immediately after application of restraints
	Medical Review	
HCP	D	a. After any use of force, any inmate involved shall be examined by a HCP. Every such exam shall be recorded on the appropriate health care record.
HCP	D	b. Medical staff shall document any inmate refusal of medical examination or treatment.
HCP	D	c. Blood borne Pathogens: When a person has been exposed to blood or bodily fluids resulting from the use of force, standard universal precautions shall be implemented according to administrative directive, # 351.03, Blood Borne Pathogens Exposure Control Plan.
HCP	N&D	HCP must notify on-site MHC or on-call MH provider immediately
HCP	D	HCP must document in medical record (attached CCS form may be used) reason, presence of medical or MH condition, monitoring parameters, vital signs, on-going interactions with inmate, security instructions
		Advisory - if use of restraints continues after initial emergency the following must occur
		Timelines:
HCP	*D T/L*	*q 1 hour must check circulation, movement, respiratory status etc*
HCP		q 2 hours encourage active movement or perform passively xs 10 minutes
HCP		q 2 hours loosen and re-tighten restraints (with security)
HCP		q 2 hours offer water or restroom
HCP		1) if restraints are **security- initiated after the initial emergency** the HCP must immediately:
HCP	R&D	**perform a** face to face assessment,
HCP	D	**document** same in progress note,
	N	**notify** on call MD/APRN and present their findings **or**
		2) If the restraints are **physician initiated**, after the initial emergency, HCP performs a face to face assessment, for medical or MH care.
		Timelines:
HCP		After 2 hours for all inmates in restraints the HCP must:
	R&D	**conduct a repeat** face-to-face assessment and
	D&N	must **notify** the physician or psychiatrist on call and,
	D	must **document** same in the inmate medical record
MD	T/L	physician initiated restraints may be renewed by phone for an additional two (2) hours

DOC Directive
413.11, Responses to Self Harm

(NCCHC: G-05)

Who	Does What	
	Code	Snapshot
Administrative Segregation		
DOC/ MHP	D/ F	1. Before an inmate who self-harms is placed on administrative segregation status, a MHP must be consulted to determine whether contraindications to that placement exist. The MHP must document in the inmate's medical record if contraindications to administrative segregation exist. Security must be notified. Form: MPL
MHP	R&N/ F	2. An inmate who self-harms who is placed on administrative segregation status solely for observation and self-protection will be removed from administrative segregation status as soon as a MHP determines the inmate no longer poses a risk of harm to themselves. Form: MH Risk Assessment followed by an initial or revised Treatment Plan.
Disciplinary Segregation		
ALL		3. Under no circumstances shall an inmate be placed on disciplinary segregation for self-harming behavior.
MH/ HCP	D	4. Before an inmate with history of self-harm may be placed on disciplinary segregation status for conduct unrelated to self-harming behavior, a MHP must be consulted to determine whether contraindications to segregation exist. The MHP must document in the inmate's medical record if contraindications to disciplinary segregation exist. Form: MPL
MH/ HCP	F/D	5. MHP shall conduct weekly rounds on inmates who self-harm who are placed on administrative or disciplinary segregation status. Form: HS Segregation Log
MHP	F/D	6. MHP must document their assessment of each self-harming inmate. Form: MH Risk Assessment
HCP	D/F	7. Inmates who self-harm who are in segregation shall also receive daily visits from MHP or a HCP to assess their status and wheter: Form: Self Harm & SFI Daily Segregation Assessment Form, #5
		a. The inmate is alert and oriented?
		b. Any signs of increased depression?
		c. Inmate has exhibited signs of suicidal ideation?
		d. Inmate has exhibited signs of self-harm ideation?
		e. Inmate has exhibited symptoms of psychosis?
		f. Inmate is making progress in transferring out of seg?

Use of Restraints		
ALL	D	9. Efforts to de-escalate a self-harming inmate are preferred and restraints should be used only as a last resort.
MD	D	10. Restraints may be ordered by a physician as an emergency intervention to prevent inmate harm to self or others.
All		11. Standing orders for restraints or OC spray (PRN or as needed) are prohibited.
DOC/ HCP	D	14. Any inmate remaining in correctional staff-initiated restraints beyond the initial emergency must have an immediate, face to face assessment by a MHP or a HCP. Form: HS Use of Force Form
MHP	F	15. A MHP must begin to consider other interventions, including a request for admission to a psychiatric hospital, if restraint has failed to stabilize the inmate within eight hours. A MHP must document all other interventions considered to stabilize the inmate, and where that includes a request for admission to a psychiatric hospital, the MHP must document all facilities contacted and the nature of the discussions with those facilities. Form: HS Use of FOrce FOrm